

United States District Court  
Violation Notice

CVB Location Code

EY51

Violation Number <b>1396906</b>	Officer Name (Print) <b>WALSH</b>	Officer No <b>5006</b>
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## YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense (mm/dd/yyyy) Offense Charged ☐ CFR ☒ USC ☐ State Code

06/30/11 14:50 18 USC 641

Place of Offense 800 POLY PLACE

F/O BROOKLYN N.Y. 11209

Offense Description

THEFT - GOVERNMENT  
PROPERTY

## DEFENDANT INFORMATION Phone (718) 235-4379

Last Name First Name MI

ARDINES LINO J

Street Address

2776 PITKIN AVE. APT. #7

City State Zip Code Date of Birth (mm/dd/yyyy)

BROOKLYN N.Y. 11208

Drivers License No D L State Social Security No

N/A

<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair <b>BRN</b>	Eyes <b>BRN</b>	Height <b>6'0"</b>	Weight <b>250</b>
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## VEHICLE DESCRIPTION VIN

Tag No State Year Make/Model Color

A ☒ IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT SEE INSTRUCTIONS (on back of yellow copy)B ☐ IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT SEE INSTRUCTIONS (on back of yellow copy)

MCA

\$ Forfeiture Amount

+ \$25 Processing Fee

PAY THIS AMOUNT → \$ Total Collateral Due

## YOUR COURT DATE

(If no court appearance date is shown you will be notified of your appearance date by mail)

Court Address Date (mm/dd/yyyy)

SEP 27 2011

Time (hh mm)

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.

X Defendant Signature *[Signature]*STATEMENT OF PROBABLE CAUSE  
(For issuance of an arrest warrant or summons)I state that on JUNE 30, 2011 while exercising my duties as a law enforcement officer in the EASTERN District of N.Y.

ON 6/30/11 AT 14:40 HRS. I did personally observe the defendant in possession of TEN (10) BOX'S of surgical gloves. The def. did not have permission or authority to remove said property from the hospital.

ADJ

12/6/11

ADJ

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ADJ

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ADJ

The foregoing statement is based upon

☒ my personal observation ☐ my personal investigation  
 information supplied to me from my fellow officer's observation  
 other (explain above)

I declare under penalty of perjury that the information which I have set forth above and on the face of this violation notice is true and correct to the best of my knowledge

Executed on 06/30/11 P.O. Aaron Walsh  
Date (mm/dd/yyyy) Officer's Signature

Probable cause has been stated for the issuance of a warrant

Executed on 06/28/2011 U.S. Magistrate Judge  
Date (mm/dd/yyyy) U.S. Magistrate Judge

CVB Scan 7/28/2011 13:28:24

**United States District Court  
Violation Notice**

CVB Location Code

EY51

Violation Number <b>1396907</b>	Officer Name (Print) <b>Walsh</b>	Officer No <b>5006</b>
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**YOU ARE CHARGED WITH THE FOLLOWING VIOLATION**

Date and Time of Offense (mm/dd/yyyy)	Offense Charged	<input type="checkbox"/> CFR	<input type="checkbox"/> USC	<input checked="" type="checkbox"/> State Code
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<b>06/30/11 1450hrs</b>	<b>184SC13-165.45</b>
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Place of Offense <b>800 POLY PLACE BROOKLYN NY 11209</b>
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Offense Description <b>NEW YORK PENAL LAW-CRIMINAL POSSESSION OF STOLEN PROPERTY</b>
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**DEFENDANT INFORMATION**

Last Name <b>ARDINES</b>	First Name <b>LINO</b>	M.I. <b>J</b>
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Street Address <b>2776 PITKIN AVE APT #7</b>
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City <b>BROOKLYN</b>	State <b>NY</b>	Zip Code <b>11208</b>	Date of Birth (mm/dd/yyyy)
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Drivers License No.	D.L. State	Social Security No.
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<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair <b>GRY BRN</b>	Eyes <b>GRY</b>	Height <b>6'0"</b>	Weight <b>250</b>
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Vehicle Description	VIN
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Tag No.	State	Year	Make/Model	Color
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A <input checked="" type="checkbox"/> IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT SEE INSTRUCTIONS (on back of yellow copy)		B <input type="checkbox"/> IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT SEE INSTRUCTIONS (on back of yellow copy)	
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\$	Forfeiture Amount
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\$	+ \$25 Processing Fee
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\$	Total Collateral Due
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YOUR COURT DATE	
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(If no court appearance date is shown, you will be notified of your appearance date by mail)	
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Court Address	Date (mm/dd/yyyy)
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	Time (hh:mm)
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My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.	
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X Defendant Signature	
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**STATEMENT OF PROBABLE CAUSE**  
(For issuance of an arrest warrant or summons)

I state that on JUNE 30, 2011 while exercising my duties as a law enforcement officer in the EASTERN District of N.Y. on 06/30/11 AT 14.40 HRS. I did personally observe the defendant in possession of TEN (10) BOX'S OF SURGICAL GLOVES. The def. did not have permission or authority to remove said property from the hospital.

ADJ BSA DEF TO  
CONTEMPLATE PRESENTED  
PLEA AGREE MENT

The foregoing statement is based upon

☒ my personal observation ☐ my personal investigation  
information supplied to me from my fellow officer's observation  
other (explain above)

I declare under penalty of perjury that the information which I have set forth above and on the face of this violation notice is true and correct to the best of my knowledge

Executed on 06/30/11 P.D. Brian Walsh  
Date (mm/dd/yyyy) Officer's Signature

Probable cause has been stated for the issuance of a warrant

Executed on \_\_\_\_\_  
Date (mm/dd/yyyy) U.S. Magistrate Judge

CVB Scan 7/28/2011 13 28 24